

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	-6		4-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	IN	171	5-29-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	8 12 1 12 6 12
1	80 07 1 12 6 12
2	04 03 03 04 05 01
3	✓ ✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓ ✓
8	✓ ✓ ✓ ✓ ✓ ✓
9	✓ ✓ ✓ ✓ ✓ ✓
10	✓ ✓ ✓ ✓ ✓ ✓
11	✓ ✓ ✓ ✓ ✓ ✓
12	✓ ✓ ✓ ✓ ✓ ✓
13	✓ ✓ ✓ ✓ ✓ ✓
14	✓ ✓ ✓ ✓ ✓ ✓
15	✓ ✓ ✓ ✓ ✓ ✓
16	✓ ✓ ✓ ✓ ✓ ✓
17	✓ ✓ ✓ ✓ ✓ ✓
18	✓ ✓ ✓ ✓ ✓ ✓
19	✓ ✓ ✓ ✓ ✓ ✓
20	✓ ✓ ✓ ✓ ✓ ✓
21	✓ ✓ ✓ ✓ ✓ ✓
22	✓ ✓ ✓ ✓ ✓ ✓
23	✓ ✓ ✓ ✓ ✓ ✓
24	✓ ✓ ✓ ✓ ✓ ✓
25	✓ ✓ ✓ ✓ ✓ ✓
26	✓ ✓ ✓ ✓ ✓ ✓
27	✓ ✓ ✓ ✓ ✓ ✓
28	✓ ✓ ✓ ✓ ✓ ✓
29	✓ ✓ ✓ ✓ ✓ ✓
30	✓ ✓ ✓ ✓ ✓ ✓
31	✓ ✓ ✓ ✓ ✓ ✓
32	✓ ✓ ✓ ✓ ✓ ✓
33	✓ ✓ ✓ ✓ ✓ ✓
34	✓ ✓ ✓ ✓ ✓ ✓
35	✓ ✓ ✓ ✓ ✓ ✓
36	✓ ✓ ✓ ✓ ✓ ✓
37	✓ ✓ ✓ ✓ ✓ ✓
38	✓ ✓ ✓ ✓ ✓ ✓
39	✓ ✓ ✓ ✓ ✓ ✓
40	✓ ✓ ✓ ✓ ✓ ✓
41	✓ ✓ ✓ ✓ ✓ ✓
42	✓ ✓ ✓ ✓ ✓ ✓
43	✓ ✓ ✓ ✓ ✓ ✓
44	✓ ✓ ✓ ✓ ✓ ✓
45	✓ ✓ ✓ ✓ ✓ ✓
46	✓ ✓ ✓ ✓ ✓ ✓
47	✓ ✓ ✓ ✓ ✓ ✓
48	✓ ✓ ✓ ✓ ✓ ✓
49	✓ ✓ ✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓ ✓ ✓

Claim	Date
Final Original	8 12 1 12 6 12
51	80 07 1 12 6 12
52	04 03 03 04 05 01
53	✓ ✓ ✓ ✓ ✓ ✓
54	✓ ✓ ✓ ✓ ✓ ✓
55	✓ ✓ ✓ ✓ ✓ ✓
56	✓ ✓ ✓ ✓ ✓ ✓
57	✓ ✓ ✓ ✓ ✓ ✓
58	✓ ✓ ✓ ✓ ✓ ✓
59	✓ ✓ ✓ ✓ ✓ ✓
60	✓ ✓ ✓ ✓ ✓ ✓
61	✓ ✓ ✓ ✓ ✓ ✓
62	✓ ✓ ✓ ✓ ✓ ✓
63	✓ ✓ ✓ ✓ ✓ ✓
64	✓ ✓ ✓ ✓ ✓ ✓
65	✓ ✓ ✓ ✓ ✓ ✓
66	✓ ✓ ✓ ✓ ✓ ✓
67	✓ ✓ ✓ ✓ ✓ ✓
68	✓ ✓ ✓ ✓ ✓ ✓
69	✓ ✓ ✓ ✓ ✓ ✓
70	✓ ✓ ✓ ✓ ✓ ✓
71	✓ ✓ ✓ ✓ ✓ ✓
72	✓ ✓ ✓ ✓ ✓ ✓
73	✓ ✓ ✓ ✓ ✓ ✓
74	✓ ✓ ✓ ✓ ✓ ✓
75	✓ ✓ ✓ ✓ ✓ ✓
76	✓ ✓ ✓ ✓ ✓ ✓
77	✓ ✓ ✓ ✓ ✓ ✓
78	✓ ✓ ✓ ✓ ✓ ✓
79	✓ ✓ ✓ ✓ ✓ ✓
80	✓ ✓ ✓ ✓ ✓ ✓
81	✓ ✓ ✓ ✓ ✓ ✓
82	✓ ✓ ✓ ✓ ✓ ✓
83	✓ ✓ ✓ ✓ ✓ ✓
84	✓ ✓ ✓ ✓ ✓ ✓
85	✓ ✓ ✓ ✓ ✓ ✓
86	✓ ✓ ✓ ✓ ✓ ✓
87	✓ ✓ ✓ ✓ ✓ ✓
88	✓ ✓ ✓ ✓ ✓ ✓
89	✓ ✓ ✓ ✓ ✓ ✓
90	✓ ✓ ✓ ✓ ✓ ✓
91	✓ ✓ ✓ ✓ ✓ ✓
92	✓ ✓ ✓ ✓ ✓ ✓
93	✓ ✓ ✓ ✓ ✓ ✓
94	✓ ✓ ✓ ✓ ✓ ✓
95	✓ ✓ ✓ ✓ ✓ ✓
96	✓ ✓ ✓ ✓ ✓ ✓
97	✓ ✓ ✓ ✓ ✓ ✓
98	✓ ✓ ✓ ✓ ✓ ✓
99	✓ ✓ ✓ ✓ ✓ ✓
100	✓ ✓ ✓ ✓ ✓ ✓

Claim	Date
Final Original	8 12 1 12 6 12
101	80 07 1 12 6 12
102	04 03 03 04 05 01
103	✓ ✓ ✓ ✓ ✓ ✓
104	✓ ✓ ✓ ✓ ✓ ✓
105	✓ ✓ ✓ ✓ ✓ ✓
106	✓ ✓ ✓ ✓ ✓ ✓
107	✓ ✓ ✓ ✓ ✓ ✓
108	✓ ✓ ✓ ✓ ✓ ✓
109	✓ ✓ ✓ ✓ ✓ ✓
110	✓ ✓ ✓ ✓ ✓ ✓
111	✓ ✓ ✓ ✓ ✓ ✓
112	✓ ✓ ✓ ✓ ✓ ✓
113	✓ ✓ ✓ ✓ ✓ ✓
114	✓ ✓ ✓ ✓ ✓ ✓
115	✓ ✓ ✓ ✓ ✓ ✓
116	✓ ✓ ✓ ✓ ✓ ✓
117	✓ ✓ ✓ ✓ ✓ ✓
118	✓ ✓ ✓ ✓ ✓ ✓
119	✓ ✓ ✓ ✓ ✓ ✓
120	✓ ✓ ✓ ✓ ✓ ✓
121	✓ ✓ ✓ ✓ ✓ ✓
122	✓ ✓ ✓ ✓ ✓ ✓
123	✓ ✓ ✓ ✓ ✓ ✓
124	✓ ✓ ✓ ✓ ✓ ✓
125	✓ ✓ ✓ ✓ ✓ ✓
126	✓ ✓ ✓ ✓ ✓ ✓
127	✓ ✓ ✓ ✓ ✓ ✓
128	✓ ✓ ✓ ✓ ✓ ✓
129	✓ ✓ ✓ ✓ ✓ ✓
130	✓ ✓ ✓ ✓ ✓ ✓
131	✓ ✓ ✓ ✓ ✓ ✓
132	✓ ✓ ✓ ✓ ✓ ✓
133	✓ ✓ ✓ ✓ ✓ ✓
134	✓ ✓ ✓ ✓ ✓ ✓
135	✓ ✓ ✓ ✓ ✓ ✓
136	✓ ✓ ✓ ✓ ✓ ✓
137	✓ ✓ ✓ ✓ ✓ ✓
138	✓ ✓ ✓ ✓ ✓ ✓
139	✓ ✓ ✓ ✓ ✓ ✓
140	✓ ✓ ✓ ✓ ✓ ✓
141	✓ ✓ ✓ ✓ ✓ ✓
142	✓ ✓ ✓ ✓ ✓ ✓
143	✓ ✓ ✓ ✓ ✓ ✓
144	✓ ✓ ✓ ✓ ✓ ✓
145	✓ ✓ ✓ ✓ ✓ ✓
146	✓ ✓ ✓ ✓ ✓ ✓
147	✓ ✓ ✓ ✓ ✓ ✓
148	✓ ✓ ✓ ✓ ✓ ✓
149	✓ ✓ ✓ ✓ ✓ ✓
150	✓ ✓ ✓ ✓ ✓ ✓

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY